

¹ Fitness tracking reveals task-specific associations
² between memory, mental health, and exercise

³ Jeremy R. Manning^{1,*}, Gina M. Notaro^{1,2}, Esme Chen¹, and Paxton C. Fitzpatrick¹

⁴ ¹Dartmouth College, Hanover, NH

⁵ ²Lockheed Martin, Bethesda, MD

⁶ *Address correspondence to jeremy.r.manning@dartmouth.edu

⁷ September 20, 2021

⁸ **Abstract**

⁹ Physical exercise can benefit both physical and mental well-being. Different forms of exercise
¹⁰ (i.e., aerobic versus anaerobic; running versus walking versus swimming versus yoga; high-
¹¹ intensity interval training versus endurance workouts; etc.) impact physical fitness in different
¹² ways. For example, running may substantially impact leg and heart strength but only moderately
¹³ impact arm strength. We hypothesized that the mental benefits of exercise might be similarly
¹⁴ differentiated. We focused specifically on how different forms of exercise might relate to different
¹⁵ aspects of memory and mental health. To test our hypothesis, we collected nearly a century's
¹⁶ worth of fitness data (in aggregate). We then asked participants to fill out surveys asking them
¹⁷ to self-report on different aspects of their mental health. We also asked participants to engage in
¹⁸ a battery of memory tasks that tested their short and long term episodic, semantic, and spatial
¹⁹ memory. We found that participants with similar exercise habits and fitness profiles tended to
²⁰ also exhibit similar mental health and task performance profiles.

²¹ **Introduction**

²² Engaging in physical activity (exercise) can improve our physical fitness by increasing muscle
²³ strength (Crane et al., 2013; Knuttgen, 2007; Lindh, 1979; Rogers and Evans, 1993), increasing bone
²⁴ density (Bassey and Ramsdale, 1994; Chilibeck et al., 2012; Layne and Nelson, 1999), increasing
²⁵ cardiovascular performance (Maiorana et al., 2000; Pollock et al., 2000), increasing lung capac-
²⁶ ity (Lazovic-Popovic et al., 2016) (although see Roman et al., 2016), increasing endurance (Wilmore
²⁷ and Knuttgen, 2003), and more. Exercise can also improve mental health (Basso and Suzuki, 2017;
²⁸ Callaghan, 2004; Deslandes et al., 2009; Mikkelsen et al., 2017; Paluska and Schwenk, 2000; Raglin,
²⁹ 1990; Taylor et al., 1985) and cognitive performance (Basso and Suzuki, 2017; Brisswalter et al.,
³⁰ 2002; Chang et al., 2012; Ettnier et al., 2006).

³¹ The physical benefits of exercise can be explained by stress-responses of the affected body tis-
³² sues. For example, skeletal muscles that are taxed during exercise exhibit stress responses (Morton
³³ et al., 2009) that can in turn affect their growth or atrophy (Schiaffino et al., 2013). By comparison,
³⁴ the benefits of exercise on mental health are less direct. For example, one hypothesis is that ex-
³⁵ ercise leads to specific physiological changes, such as increased aminergic synaptic transmission
³⁶ and endorphin release, which in turn act on neurotransmitters in the brain (Paluska and Schwenk,
³⁷ 2000).

³⁸ Speculatively, if different exercise regimens lead to different neurophysiological responses, one
³⁹ might be able to map out a spectrum of signalling and transduction pathways that are impacted
⁴⁰ by a given type, duration, and intensity of exercise in each brain region. For example, prior work
⁴¹ has shown that exercise increases acetylcholine levels, starting in the vicinity of the exercised
⁴² muscles (Shoemaker et al., 1997). Acetylcholine is thought to play an important role in memory
⁴³ formation (Palacios-Filardo et al., 2021, e.g., by modulating specific synaptic inputs from entorhinal
⁴⁴ cortex to the hippocampus, albeit in rodents). Given the central role of these medial temporal
⁴⁵ lobe structures play in memory, changes in acetylcholine might lead to specific changes in memory
⁴⁶ formation and retrieval.

⁴⁷ In the present study, we hypothesize that (a) different exercise regimens will have different,

48 quantifiable impacts on cognitive performance and mental health, and that (b) these impacts will
49 be consistant across individuals. To this end, we collected a year of fitness tracking data from
50 each of 113 participants. We then asked each participant to fill out a brief survey in which they
51 self-evaluated several aspects of their mental health. Finally, we ran each participant through a
52 battery of memory tasks, which we used to evaluate their memory performance along several
53 dimensions. We examined the data for potential associations between memory, mental health, and
54 exercise.

55 Results

- 56 ● characterizing behaviors (potentially broken down by 3–4 fitness-defined categories, like ac-
57 tivity level quartile; may also want to have separate figures: one for characterizing behaviors
58 on average, and a second breaking down by fitness variable, e.g. after the correlation analyses
59 are presented)
 - 60 – Free recall: pfr, lag-CRP, spc
 - 61 – Naturalistic recall: reproduce a version of the sherlock movie/recall trajectories
 - 62 – Foreign language flashcards: p(correct) by activity level
 - 63 – Spatial learning: mean error by number of shapes
- 64 ● Fitness info (break down by task performance, potentiall separately for each task); also
65 separate out recent (raw) and recent versus baseline
 - 66 – activity (steps, zone minutes, floors/elevation)
 - 67 – resting heart rate
 - 68 – sleep
- 69 ● exploratory analysis (correlations)
 - 70 – Memory-memory

- 71 – fitness-fitness
- 72 – survey-survey
- 73 – (fitness + survey)-memory
- 74 • predictive analysis (regressions)
- 75 – Predict memory performance on held-out task from other tasks
- 76 – Predict memory performance on each task using fitness data
- 77 – Predict memory performance on each task using survey data
- 78 • Reverse correlations: look at recent changes versus baseline trends
- 79 – Fitness profile that predicts performance on each task (barplots + timelines)
- 80 – Fitness profile for each survey demographic (barplots + timelines)
- 81 * Select out mental health demographics (based on meds, stress levels)

82 Discussion

- 83 • summarize key findings
- 84 • correlation versus causation
- 85 • what can vs. can't we know? we can identify correlations, but not causal direction- e.g. we
- 86 cannot know whether exercise *causes* mental changes versus whether people with particular
- 87 neural profiles might tend to engage in particular exercise behaviors. that being said, we *can*
- 88 separate out baseline tendencies (e.g., how people tend to exercise in general) versus recent
- 89 changes (e.g., how they happened to have exercised prior to the experiment).
- 90 • related work (exercise/memory, exercise/mental health), what this study adds
- 91 • future direction: towards customized physical exercise recommendation engine for optimiz-
- 92 ing mental health and mental fitness

⁹³ **Methods**

⁹⁴ We ran an online experiment using the Amazon Mechanical Turk platform. We collected data
⁹⁵ about each participant's fitness and exercise habits, a variety of self-reported measures concerning
⁹⁶ their mental health, and about their performance on a battery of memory tasks. We mined the
⁹⁷ dataset for potential associations between memory, mental health, and exercise.

⁹⁸ **Experiment**

⁹⁹ **Participants**

¹⁰⁰ We recruited experimental participants by posting our experiment as a Human Intelligence Task
¹⁰¹ (HIT) on the Amazon Mechanical Turk platform. We limited participation to Mechanical Turk
¹⁰² Workers who had been assigned a "Masters" designation on the platform, given to workers who
¹⁰³ score highly across several metrics on a large number of HITs, according to a proprietary algorithm
¹⁰⁴ managed by Amazon. We further limited our participant pool to participants who self-reported that
¹⁰⁵ they were fluent in English and regularly used a Fitbit fitness tracker device. A total of 160 workers
¹⁰⁶ accepted our HIT in order to participate in our experiment. Of these, we excluded all participants
¹⁰⁷ who failed to log into their Fitbit account (giving us access to their anonymized fitness tracking
¹⁰⁸ data), encountered technical issues (e.g., by accessing the HIT using an incompatible browser,
¹⁰⁹ device, or operating system), or who ended their participation prematurely, before completing the
¹¹⁰ full study. In all, 113 participants remained that contributed usable data to the study.

¹¹¹ For their participation, workers received a base payment of \$5 per hour (computed in 15
¹¹² minute increments, rounded up to the nearest 15 minutes), plus an additional performance-based
¹¹³ bonus of up to \$5. Our recruitment procedure and study protocol were approved by Dartmouth's
¹¹⁴ Committee for the Protection of Human Subjects.

¹¹⁵ **Gender, age, and race.** Of the 113 participants who contributed usable data, 77 reported their
¹¹⁶ gender as female, 35 as male, and 1 chose not to report their gender. Participants ranged in age
¹¹⁷ from 19–68 years old (25th percentile: 28.25 years; 50th percentile: 32 years; 75th percentile: 38

118 years). Participants reported their race as White (90 participants), Black or African American (11
119 participants), Asian (7 participants), Other (4 participants), and American Indian or Alaska Native
120 (3 participants). One participant opted not to report their race.

121 **Languages.** All participants reported that they were fluent in either 1 and 2 languages (25th
122 percentile: 1; 50th percentile: 1; 75th percentile: 1), and that they were “familiar” with between 1
123 and 11 languages (25th percentile: 1; 50th percentile: 2; 75th percentile: 3).

124 **Reported medical conditions and medications.** Participants reported having and/or taking med-
125 ications pertaining to the following medical conditions: anxiety or depression (4 participants),
126 recent head injury (2 participants), high blood pressure (1 participant), bipolar (1 participant),
127 hypothyroidism (1 participant), and other unspecified medications (1 participant). Participants
128 reported their current and typical stress levels on a Likert scale as very relaxed (-2), a little relaxed
129 (-1), neutral (0), a little stressed (1), or very stressed (2). The “current” stress level reflected par-
130 ticipants’ stress at the time they participated in the experiment. Their responses ranged from -2
131 to 2 (current stress: 25th percentile: -2; 50th percentile: -1; 75th percentile: 1; typical stress: 25th
132 percentile: 0; 50th percentile: 1; 75th percentile: 1). Participants also reported their current level of
133 alertness on a Likert scale as very sluggish (-2), a little sluggish (-1), neutral (0), a little alert (1),
134 or very alert (2). Their responses ranged from -2 to 2 (25th percentile: 0; 50th percentile: 1; 75th
135 percentile: 2). Nearly all (111 out of 113) participants reported that they had normal color vision,
136 and 15 participants reported uncorrected visual impairments (including dyslexia and uncorrected
137 near- or far-sightedness).

138 **Residence and level of education.** Participants reported their residence as being located in the
139 suburbs (36 participants), a large city (30 participants), a small city (23 participants), rural (14 partic-
140 ipants), or a small town (10 participants). Participants reported their level of education as follows:
141 College graduate (42 participants), Master’s degree (23 participants), Some college (21 partici-
142 pants), High school graduate (9 participants), Associate’s degree (8 participants), Other graduate
143 or professional school (5 participants), Some graduate training (3 participants), or Doctorate (2

¹⁴⁴ participants).

¹⁴⁵ **Reported water and coffee intake.** Participants reported the number of cups of water and coffee
¹⁴⁶ they had consumed prior to accepting the HIT. Water consumption ranged from 0–6 cups (25th
¹⁴⁷ percentile: 1; 50th percentile: 3; 75th percentile: 4). Coffee consumption ranged from 0–4 cups (25th
¹⁴⁸ percentile: 0; 50th percentile: 1; 75th percentile: 2).

¹⁴⁹ **Tasks**

¹⁵⁰ Upon accepting the HIT posted on Mechanical Turk, the worker was directed to read and fill out
¹⁵¹ a screening and consent form, and to share access to their anonymized Fitbit data via their Fitbit
¹⁵² account. After consenting to participate and successfully sharing their Fitbit data, participants
¹⁵³ filled out a survey and then engaged in a series of memory tasks (Fig. 1). All stimuli and code for
¹⁵⁴ running the full Mechanical Turk experiment may be found [here](#).

¹⁵⁵ **Survey questions.** We collected the following demographic information from each participant:
¹⁵⁶ their birth year, gender, highest (academic) degree achieved, race, language fluency, and language
¹⁵⁷ familiarity. We also collected information about participants' health and wellness, including about
¹⁵⁸ their vision, alertness, stress, sleep, coffee and water consumption, location of their residence,
¹⁵⁹ activity typically required for their job, and exercise habits.

¹⁶⁰ **Free recall (Fig. 1a).** Participants studied a sequence of four word lists, each comprising 16 words.
¹⁶¹ After studying each list, participants received an immediate memory test, whereby they were asked
¹⁶² to type (one word at a time) any words they remembered from the just-studied list, in any order.

¹⁶³ Words were presented for 2 s each, in black text on a white background, followed by a 2 s blank
¹⁶⁴ (white) screen. After the final 2 s pause, participants were given 90 s to type in as many words
¹⁶⁵ as they could remember, in any order. The memory test was constructed such that the participant
¹⁶⁶ could only see the text of the current word they were typing; when they pressed any non-letter
¹⁶⁷ key, the current word was submitted and the text box they were typing in was cleared. This was
¹⁶⁸ intended to prevent participants from retroactively editing their previous responses.

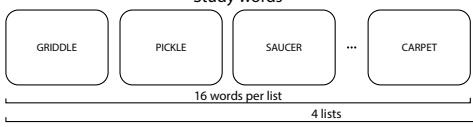
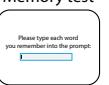
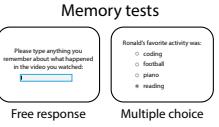
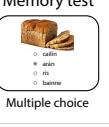
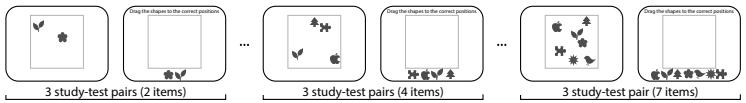
	Main task and immediate memory test				Delayed memory test
a.	1 Free recall	Study words 	Memory test 		5 
b.	2 Naturalistic recall	Watch a short video (The Temple of Knowledge) 	Memory tests 		6 
c.	3 Foreign language flashcards	Study flashcards 	Memory test 		7 
d.	4 Spatial learning	Memorize the positions of increasing numbers of shapes 			N/A

Figure 1: Battery of memory tasks. **a. Free recall.** Participants study 16 words (presented one at a time), followed by an immediate memory test where they type each word they remember from the just-studied list. In the delayed memory test, participants type any words they remember studying, from any list. **b. Naturalistic recall.** Participants watch a brief video, followed by two immediate memory tests. The first test asks participants to write out what happened in the video. The second test has participants answer a series of multiple choice questions about the conceptual content of the video. In the delayed memory test, participants (again) write out what happened in the video. **c. Foreign language flashcards.** Participants study a sequence of 10 English-Gaelic word pairs, each presented with an illustration of the given word. During an immediate memory test, participants perform a multiple choice test where they select the Gaelic word that corresponds to the given photograph. During the delayed memory test, participants perform a second multiple choice test, where they select the Gaelic word that corresponds to each of a new set of photographs. **d. Spatial learning.** In each trial, participants study a set of randomly positioned shapes. Next, the shapes' positions are altered, and participants are asked to drag the shapes back to their previous positions. **All panels.** The gray numbers denote the order in which participants experienced each task or test.

169 The word lists participants studied were drawn from the categorized lists reported in Ziman
170 et al. (2018). Each participant was assigned four unique randomly chosen lists (in a randomized
171 order), selected from a full set of 16 lists. Each chosen list was then randomly shuffled before
172 presenting the words to the participants.

173 Participants also performed a final delayed memory test where they were given 180 s to type
174 out any words they remembered from *any* of the 4 lists they had studied.

175 Recalled words within an edit distance of 2 (i.e., a Levenshtein Distance less than or equal to
176 2) of any word in the wordpool were “autocorrected” to their nearest match. We also manually
177 corrected clear typos or misspellings by hand (e.g., we corrected “hippopumas” to “hippopota-
178 mus”, “zucinni” to “zucchini”, and so on). Finally, we lemmatized each submitted word to match
179 the plurality of the matching wordpool word (e.g., “bongo” was corrected to “bongos”, and so
180 on). After applying these corrections, any submitted words that matched words presented on the
181 just-studied list were tagged as “correct” recalls, and any non-matching words were discarded
182 as “errors.” Because participants were not allowed to edit the text they entered, we chose not to
183 analyze these putative “errors,” since we could not distinguish typos from true misrememberings.

184 **Naturalistic recall (Fig. 1b).** Participants watched a 2.5 minute video clip entitled “The Temple
185 of Knowledge.” The video comprises an animated story told to StoryCorps by Ronald Clark, who
186 was interviewed by his daughter, Jamilah Clark. The narrator (Ronald) discusses growing up
187 living in an apartment over Washington Heights branch of the New York Public Library, where his
188 father worked as a custodian during the 1940s.

189 After watching the video clip, participants were asked to type out anything they remembered
190 about what happened in the video. They typed their responses into a text box, one sentence at a
191 time. When the participant pressed the return key or typed any final punctuation mark (“.”, “!”, or
192 “?”) the text currently entered into the box was “submitted” and added to their transcript, and the
193 text box was cleared to prevent further editing of any already-submitted text. This was intended to
194 prevent participants from retroactively editing their previous responses. Participants were given
195 up to 10 minutes to enter their responses. After 4 minutes participants were given the option of

196 ending the response period early, e.g., if they felt they had finished entering all of the information
197 they remembered. Each participant's transcript was constructed from their submitted responses by
198 combining the sentences into a single document and removing extraneous whitespace characters.

199 Following this 4–10 minute free response period, participants were given a series of 10 multiple
200 choice questions about the conceptual content of the story. All participants received the same
201 questions, in the same order.

202 Participants also performed a final delayed memory test, where they carried out the free
203 response recall task a second time, near the end of the testing session. This resulted in a second
204 transcript, for each participant.

205 **Foreign language flashcards (Fig. 1c).** Participants studied a series of 10 English-Gaelic word
206 pairs in a randomized order. We selected the Gaelic language both for its relatively small number of
207 native speakers and for its dissimilarity to other commonly spoken languages amongst Mechanical
208 Turk Workers. We verified (via self report) that all of our participants were fluent in English and
209 that they were neither fluent nor familiar with Gaelic.

210 Each word's "flashcard" comprised a cartoon depicting the given word, the English word or
211 phrase in lowercase text (e.g., "the boy"), and the Gaelic word or phrase in uppercase text (e.g.,
212 "BUACHAILL"). Each flashcard was displayed for 4 s, followed by a 3 s interval (during which
213 the screen was cleared) prior to the next flashcard presentation.

214 After studying all 10 flashcards, participants were given a multiple choice memory test where
215 they were shown a series of novel photographs, each depicting one of the 10 words they had
216 learned. They were asked to select which (of 4 unique options) Gaelic word went with the given
217 picture. The 3 incorrect options were selected at random (with replacement across trials), and the
218 order in which the choices appeared to the participant were also randomized. Each of the 10 words
219 they had learned were tested exactly once.

220 Participants also performed a final delayed memory test, where they were given a second set of
221 10 questions (again, one per word they had studied). For this second set of questions participants
222 were prompted with a new set of novel photographs, and new randomly chosen incorrect choices

223 for each question. Each of the 10 original words they had learned were (again) tested exactly once
224 during this final memory test.

225 **Spatial learning (Fig. 1d).** Participants performed a series of study-test trials where they memo-
226 rized the onscreen spatial locations of two or more shapes. During the study phase of each trial,
227 a set of shapes appeared on the screen for 10 s, followed by 2 s of blank (white) screen. During the
228 test phase of each trial, the same shapes appeared onscreen again, but this time they were vertically
229 aligned and sorted horizontally in a random order. Participants were instructed to drag (using the
230 mouse) each shape to its studied position, and then to click a button to indicate that the placements
231 were complete.

232 In different study-test trials, participants learned the locations of different numbers of shapes
233 (always drawn from the same pool of 7 unique shapes, where each shape appeared at most one
234 time per trial). They first performed three trials where they learned the locations of 2 shapes; next
235 three trials where they learned the locations of 3 shapes; and so on until their last three trials, where
236 (during each trial) they learned the locations of 7 shapes. All told, each participant performed 18
237 study-test trials of this spatial learning task (3 trials for each of 2, 3, 4, 5, 6, and 7 shapes).

238 **Fitness tracking using Fitbit devices**

239 **Processing Fitbit data**

240 **Raw metrics.**

241 **Comparing recent versus baseline measurements.**

242 **Exploratory correlation analyses**

243 **Imputation and interpolation of missing data.**

²⁴⁴ **Regression-based prediction analyses**

²⁴⁵ **Reverse correlation analyses**

²⁴⁶ **Acknowledgements**

²⁴⁷ We acknowledge useful discussions with David Bucci, Emily Glasser, Andrew Heusser, Abigail
²⁴⁸ Bartolome, Lorie Loeb, Lucy Owen, and Kirsten Ziman. Our work was supported in part by
²⁴⁹ the Dartmouth Young Minds and Brains initiative. The content is solely the responsibility of the
²⁵⁰ authors and does not necessarily represent the official views of our supporting organizations. This
²⁵¹ paper is dedicated to the memory of David Bucci, who helped to inspire the theoretical foundations
²⁵² of this work. Dave served as a mentor and colleague on the project prior to his passing.

²⁵³ **Data and code availability**

²⁵⁴ All analysis code and data used in the present manuscript may be found [here](#).

²⁵⁵ **Author contributions**

²⁵⁶ Concept: J.R.M. Experiment implementation and data collection: G.M.N. Analyses: G.M.N., E.C.,
²⁵⁷ P.C.F., and J.R.M. Writing: J.R.M.

²⁵⁸ **Competing interests**

²⁵⁹ The authors declare no competing interests.

²⁶⁰ **References**

²⁶¹ Bassey, E. J. and Ramsdale, S. J. (1994). Increase in femoral bone density in young women following
²⁶² high-impact exercise. *Osteoporosis International*, 4:72–75.

- 263 Basso, J. C. and Suzuki, W. A. (2017). The effects of acute exercise on mood, cognition, neurophysiology, and neurochemical pathways: a review. *Brain Plasticity*, 2(2):127–152.
- 264
- 265 Brisswalter, J., Collardeau, M., and René, A. (2002). Effects of acute physical exercise characteristics
266 on cognitive performance. *Sports Medicine*, 32:555–566.
- 267 Callaghan, P. (2004). Exercise: a neglected intervention in mental health care? *Psychiatric and
268 Mental Health Nursing*, 11(4):476–483.
- 269 Chang, Y. K., Labban, J. D., Gapin, J. I., and Etnier, J. L. (2012). The effects of acute exercise on
270 cognitive performance: a meta-analysis. *Brain Research*, 1453:87–101.
- 271 Chilibek, P. D., Sale, D. G., and Webber, C. E. (2012). Exercise and bone mineral density. *Sports
272 Medicine*, 19:103–122.
- 273 Crane, J. D., MacNeil, L. G., and Tarnopolsky, M. A. (2013). Long-term aerobic exercise is associated
274 with greater muscle strength throughout the life span. *The Journals of Gerontology: Series A*,
275 68(6):631–638.
- 276 Deslandes, A., Moraes, H., Ferreira, C., Veiga, H., Silveira, H., Mouta, R., Pompeu, F. A. M. S.,
277 Coutinho, E. S. F., and Laks, J. (2009). Exercise and mental health: many reasons to move.
278 *Neuropsychobiology*, 59:191–198.
- 279 Etnier, J. L., Nowell, P. M., Landers, D. M., and Sibley, B. A. (2006). A meta-regression to examine the
280 relationship between aerobic fitness and cognitive performance. *Brain Research: Brain Research
281 Reviews*, 52(1):119–130.
- 282 Knuttgen, H. G. (2007). Strength training and aerobic exercise: comparison and contrast. *Journal of
283 Strength and Conditioning Research*, 21(3):973–978.
- 284 Layne, J. E. and Nelson, M. E. (1999). The effects of progressive resistance training on bone density:
285 a review. *Medicine and Science in Sports and Exercise*, 31(1):25–30.

- 286 Lazovic-Popovic, B., Zlatkovic-Svenda, M., Durmic, T., Djelic, M., Saranovic, D., and Zugic, V.
287 (2016). Superior lung capacity in swimmers: some questions, more answers! *Revista Portuguesa*
288 *de Pneumologia*, 22(3):151–156.
- 289 Lindh, M. (1979). Increase of muscle strength from isometric quadriceps exercises at different knee
290 angles. *Scandinavian Journal of Rehabilitation Medicine*, 11(1):33–36.
- 291 Maiorana, A., O'Driscoll, G., Cheetham, C., Collis, J., Goodman, C., Rankin, S., Taylor, R., and
292 Green, D. (2000). Combined aerobic and resistance exercise training improves functional capacity
293 and strength in CHF. *Journal of Applied Physiology*, 88(1565–1570).
- 294 Mikkelsen, K., Stojanovska, L., Polenakovic, M., Bosevski, M., and Apostolopoulos, V. (2017).
295 Exercise and mental health. *Maturitas*, 106:48–56.
- 296 Morton, J. P., Kayani, A. C., McArdle, A., and Drust, B. (2009). The exercise-induced stress response
297 of skeletal muscle, with specific emphasis on humans. *Sports Medicine*, 39:643–662.
- 298 Palacios-Filardo, J., Udakis, M., Brown, G. A., Tehan, B. G., Congreve, M. S., Nathan, P. J., Brown, A.
299 J. H., and Mellor, J. R. (2021). Acetylcholine prioritises direct synaptic inputs from entorhinal cor-
300 tex to CA1 by differential modulation of feedforward inhibitory circuits. *Nature Communications*,
301 12(5475):doi.org/10.1038/s41467-021-25280-5.
- 302 Paluska, S. A. and Schwenk, T. L. (2000). Physical activity and mental health. *Sports Medicine*,
303 29(3):167–180.
- 304 Pollock, M. L., Franklin, B. A., Balady, G. J., Chaltman, B. L., Fleg, J. L., Fletcher, B., Limacher, M.,
305 na, I. L. P., Stein, R. A., Williams, M., and Bazzarre, T. (2000). Resistance exercise in individuals
306 with and without cardiovascular disease. *Circulation*, 101:828–833.
- 307 Raglin, J. S. (1990). Exercise and mental health. *Sports Medicine*, 9:323–329.
- 308 Rogers, M. A. and Evans, W. J. (1993). Changes in skeletal muscle with aging: effects of exercise
309 training. *Exercise and Sport Sciences Reviews*, 21:65–102.

- 310 Roman, M. A., Rossiter, H. B., and Casaburi, R. (2016). Exercise, ageing and the lung. *European*
311 *Respiratory Journal*, 48:1471–1486.
- 312 Schiaffino, S., Dyar, K. A., Ciciliot, S., Blaauw, B., and Sandri, M. (2013). Mechanisms regulating
313 skeletal muscle growth and atrophy. *The febs Journal*, 280(17):4294–4314.
- 314 Shoemaker, J. K., Halliwill, J. R., Hughson, R. L., and Joyner, M. J. (1997). Contributions of
315 acetylcholine and nitric oxide to forearm blood flow at exercise onset and recovery. *Vascular*
316 *Physiology*, 273(5):2388–2395.
- 317 Taylor, C. B., Sallis, J. F., and Needle, R. (1985). The relation of physical activity and exercise to
318 mental health. *Public Health Reports*, 100(2):195–202.
- 319 Wilmore, J. H. and Knuttgen, H. G. (2003). Aerobic exercise and endurance. *The Physician and*
320 *Sportsmedicine*, 31(5):45–51.
- 321 Ziman, K., Heusser, A. C., Fitzpatrick, P. C., Field, C. E., and Manning, J. R. (2018). Is automatic
322 speech-to-text transcription ready for use in psychological experiments? *Behavior Research*
323 *Methods*, 50:2597–2605.